

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens for Tom Petri

A. Full Name (Last, First, Middle Initial) R.G. Chamberlain Mailing Address W2728 Oakwood Beach Rd City Markesan State WI Zip Code 53946-8904 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 320.00		Date of Receipt MM / DD / YYYY 06 / 28 / 2006 Transaction ID: 60714.C35797 Amount of Each Receipt this Period 200.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Bruce & Nancy Chudacoff Mailing Address 43 N Crestway Ct City Appleton State WI Zip Code 54913-9510 FEC ID number of contributing federal political committee. C Name of Employer Chudacoff & Liebszeit LLD Occupation Attorney Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00		Date of Receipt MM / DD / YYYY 06 / 02 / 2006 Transaction ID: 60714.C35636 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Robert and Ronna Cline Mailing Address 2302 N. 6th Street City Sheboygan State WI Zip Code 53081 FEC ID number of contributing federal political committee. C Name of Employer Sheboygan Clinic Occupation Oral Surgeon Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 200.00		Date of Receipt MM / DD / YYYY 06 / 15 / 2006 Transaction ID: 60714.C35781 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)